

Department of Employee Trust Funds

APPLICATION FOR EMPLOYMENT

NAME: Last	First	Initial					
ADDRESS:				ephone Number ne: () rk: ()	S		
Position for Which You Are Applying		Employment Pre	-	Permanent Temporary	☐ Full-time ☐ Part-time		
Have you ever worked for the State of Wisconsin?		☐ Yes ☐	No 🗆	Permanent			
If YES, list Department, date, and latest classifications	S:			LTE			
				Project			
EDUCATION AND TRAINING							
Name and Location		Major Fi	ield	Degree	e Conferred		
High School							
Vocational/Technical							
College							
Other							
OFFICE SKILLS: Typing Experience (Words Per Minute): Word Processing Experience (List software used and years of experience):							
Other Types of Personal Computer Software Used and Years of Experience (Examples: Excel, Paradox, Access)							
Describe any other education, training, or skills you feel are relevant to the position for which you are applying;							

Department of Employee Trust Funds Human Resources 801 W. Badger Road P.O. Box 7931 Madison, WI 53707-7931

WORK EXPERIENCE: Begin with present or most recent employer.

Recent Employer	Your Title	Dates of Employment From: To:	☐ Full-time Salary ☐ Part-time ☐ Temporary/		
Address	Duties	1	Reason for Leaving		
City			Work Reference (Name, Address, Telephone Number)		
Telephone Number					
Employer	Your Title	Dates of Employment From: To:	☐ Full-time Salary ☐ Part-time ☐ Temporary/		
Address	Duties	,	Reason for Leaving		
City			Work Reference (Name, Address, Telephone Number)		
Telephone Number					
Employer	Your Title	Dates of Employment From: To:	☐ Full-time Salary ☐ Part-time ☐ Temporary/		
Address	Duties	j.	Reason for Leaving		
City			Work Reference (Name, Address, Telephone Number)		
Telephone Number					
Recent Employer	Your Title	Dates of Employment From: To:	☐ Full-time Salary ☐ Part-time ☐ Temporary/		
Address	Duties	J.	Reason for Leaving		
City			Work Reference (Name, Address, Telephone Number)		
Telephone Number					
May we conduct a personal backgr	ound check including contacting	ng the references named above?	☐ Yes ☐ No		
If no, please explain:					
When will you be available for emp	loyment?				
I certify that all information on t information may disqualify me to		complete to the best of my knowl	ledge, and that any false or missing job-related		
Date (MM/DD/CCYY) Signature					

WE ARE AN EQUAL OPPORTUNITY EMPLOYER FUNCTIONING UNDER AN AFFIRMATIVE ACTION PLAN

The Department of Employee Trust Funds does not discriminate on the basis of disability in the provision of programs, services, or employment. If you are speech, hearing or visually impaired and need assistance, call (608) 266-5803 or TTY (608) 267-0676. We will try to find another way to get the information to you in a usable form.